



**SASKATCHEWAN
HEALTH SERVICES
SURVEY COMMISSION**

**REPORT
OF THE COMMISSIONER
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INTRODUCTION

The present Government of the Province of Saskatchewan was elected on a platform that promised "to set up a complete system of socialized health services with special emphasis on preventive medicine, so that everybody in the province will receive adequate medical, surgical, dental, nursing and hospital care without charge." The government, of course, realized that the establishment of a complete network of health services covering all parts of the province would undoubtedly take considerable time but was determined to make a beginning in providing such a network without delay.

Upon consideration of a report from the Minister of Public Health and the Executive Council by Order-in-council No. 1013/44 set up the "Saskatchewan Health Services Survey Commission" under authority of the Public Enquiries Act, being Chapter 15 of the Revised Statutes of Saskatchewan 1940.

The Executive Council appointed Dr. Henry E. Sigerist, Professor of History of Medicine at the Johns Hopkins University in Baltimore, Md., as Commissioner of the Saskatchewan Health Services Survey Commission for the purpose of "having an exhaustive study and inquiry made into and concerning existing health services and schemes of all types in Saskatchewan as well as hospitals, nursing homes, and all equipment of buildings available for the extension of health services, and further, to make a study of existing and potential facilities for training all types of personnel, and for these purposes to consult with all organizations and individuals interested, and to accept for consideration, articles, submissions, or other representations made by or on behalf of interested persons or organizations, and to include in his considerations any question which he may hold to be relevant, and to recommend to the Government of the Province of Saskatchewan a program which will provide for the extension of the above services and facilities to all parts of the province in a more integrated and efficient manner and to make any recommendations he considers advisable for a further study which will help in such a plan."

The Executive Council empowered the Commissioner to appoint technical experts to the Commission whereupon the Commissioner made the following appointments:

Dr. Mindel C. Sheps, Secretary of the Commission.

Dr. J. Lloyd Brown, representing the medical profession.

Mrs. Ann Heffel, representing the nursing profession.

Mr. C. C. Gibson, as expert in hospital administration.

Dr. J. L. Connell, representing the dental profession.

The Secretary of the Commission began her activities on August 14, 1944. The Commissioner arrived in Regina on September 6th, and from September 6th to October 5th, 1944, the Commission met daily in various centres of the province. It held hearings and accepted submissions, both oral and written, from close to 100 groups and individuals in the following cities and towns: Regina, Saskatoon, Moose Jaw, Strasbourg, Wadena, Tisdale, Eston and Shaunavon. A list of the briefs received is appended. The Commission visited a large number of hospitals, nursing homes, sanatoria and other health institutions throughout the Province.

The work of the Commission was greatly facilitated by the fact that surveys of existing medical facilities had been undertaken in the past. Extensive use was made of the briefs presented to the Select Special Committee on Social Security and Health Services in 1943-1944, and to the Saskatchewan Reconstruction Council in 1943 and 1944.

Considerable help was given to the Commission by the Deputy Minister of the Department of Public Health, Dr. R. O. Davison and his staff. The Deputy Minister attended most sessions of the Commission and accompanied it on its tour through the province.

Any plans for the extension of medical services in the Province must take its geography into account. The far northern part of the Province is so sparsely populated that it will not be possible to supply it with complete medical services now. Little more can be done at the moment than to provide the minimum of medical care to the population through medical outposts from which patients may be evacuated to the centres by airplanes.

Settlement in the province is for the most part confined to the southern half, and this Report will therefore primarily deal with this section of the Province. Although there is a definite trend towards urbanization, which will in all probability continue with the development of industries, the majority of the population (66.9% in 1941) is rural, and lives widely scattered on a large area. It must also be taken into consideration that the economy of the Province is based upon the production of one staple,—wheat, a commodity which even under normal conditions is subject to wide variations in production and price. The situation is aggravated by the fact that the prosperity of the Province depends to a large extent on sufficient rainfall.

Under the traditional system of medical care, physicians, dentists, and other medical personnel settled primarily in the cities where it was easier for them to make a living. Before the municipal doctor system was introduced, physicians could practice only in such rural areas where the income of the population was large enough to support them. In years of poor crops, they were forced to leave even such ordinarily prosperous regions. The insecurity inherent in the geography and economy of the Province therefore makes it the more urgent to establish a system of socialized medical services on a provincial scale, that will guarantee the people the basic services they need, and to which they are entitled at all times. In view of the predominantly rural population and their less developed medical facilities, any plan formulated for the future will have to give primary consideration to the development of rural medical services.

The history of the last two decades already reveals a marked trend towards the socialization of essential medical services. The establishment of a municipal doctor system, created by necessity, was a first step in this direction. The prevention, diagnosis and treatment of tuberculosis, mental diseases, and more recently cancer

and venereal diseases, have become public services. Following this trend, the policy for the future must therefore be to finance an increasing number of medical services for an increasing number of people from public funds. This will be a gradual development, the pace of which will be determined by the personnel, equipment and financial resources that can be made available for the purpose. The goal is clear, it must be to provide complete medical services to all the people of the Province, irrespective of their economic status, and irrespective of whether they live in town or country. A promising beginning has already been made. Further steps can be taken without delay by using and extending existing facilities. The final steps may have to wait until the Province can count on subsidies from the Dominion, or on other sources of revenue.

In view of the fact that the time available to the Commission was very short, this Report is by no means complete, and further studies will have to be undertaken as outlined in section VII. The purpose of this Report is to suggest basic policies for the near future in some of the most urgent fields and to recommend action that can be undertaken immediately.

I. RURAL HEALTH SERVICES

HEALTH DISTRICTS

One of the first tasks will be to divide the Province into Health Districts, their number and boundaries to be determined in consultation with the Department of Municipal Affairs, Department of Education, and other agencies concerned. There can be no doubt that such a decentralization of activities will greatly increase the efficiency of the public health and medical services, while the principle of centralized direction will be maintained.

At the seat of every Health District there should be a **District Health Centre** headed by a full time Medical Officer of Health. His functions should be to carry out the general Public Health measures that are commonly the task of a health department, and he should, in addition, supervise and co-ordinate all medical services and all activities that tend to promote the people's health. He should inspect, at periodic intervals, all health institutions of the District.

The District Health Centre should be staffed with Sanitary Officers, Public Health Nurses, Dentists and other specialists if required, in a number to be determined by the size and needs of the population.

In view of the fact that the rural population is widely scattered, the District Health Centre would send out **Travelling Clinics** such as dental clinics, mental hygiene clinics

and others according to the needs of the population and should provide for consultant services, by specialists in various fields, to the physicians of the District.

The District Health Centre should be equipped with a laboratory prepared to carry out chemical, bacteriological, and serological examinations. The question should be studied whether it would be possible to have a pathologist attached to the Centre, who, in addition to directing the laboratory, would perform autopsies in the hospitals of the District, act as medical examiner, and make examinations of tissues for the physicians of the District.

The District Health Centre could be located on the premises of the major hospital of the District, so that its facilities would be available to the hospital.

DISTRICT HOSPITALS

A careful survey should be made of all hospital facilities available in any District. Where facilities are inadequate, provision should be made to increase the number of hospital beds, either by enlarging existing hospitals or by erecting new ones, since some existing hospitals might be more readily used as convalescent homes, hospitals for chronic patients or old folks' homes.

The purpose of the District Hospital or Hospitals should be to give such treatments as cannot be given in the Rural Health

Centres, that is, major surgery and other specialized treatments. The surgeon should be appointed on a full time basis. It is a waste to have well trained surgeons engaged in general practice. In order to be eligible for appointment to a hospital, the surgeon as well as other specialists should be approved by the Royal College of Surgeons, the College of Physicians and Surgeons or other similar bodies.

It would be desirable to have a full time dentist and an eye-ear-nose and throat specialist appointed to the hospital on a full time basis, other specialists to be considered according to need.

Many rural hospitals find it difficult to secure a sufficient number of registered nurses. While there is no doubt that there is a great need for more fully trained nurses, wider use could be made of practical nurses or ward aides. One nurse in every hospital should be trained to handle the X-ray machine and the routine clinical laboratory work.

The District Hospitals should be equipped with ambulances and where necessary, with ambulance airplanes or helicopters. The ambulances should be part of the hospital equipment and should not be owned and operated by private companies.

In addition to serving the above mentioned purpose, the District Hospital should also serve as Health Centre for the town in which it is located, and its vicinity. The offices of the local doctors should be in the hospital so that they could use its facilities in their daily practice, provided the Hospitals are not too far from the centre of the town.

RURAL HEALTH CENTRES

The municipal doctor is the backbone of all medical services in this province. The municipal doctor system that has been functioning for 25 years, has brought medical care to thousands of people, who without it would not have had any medical attention. The system has stood the test of time, and therefore should be maintained and developed. The policy should be to extend it and to correct certain defects. Among these should be mentioned the fact that the plans adopted so far show a great lack in uniformity. The model contract is rarely used and a number of plans are in operation although they have been refused approval by the Health Services Board.

Furthermore, most municipal doctors are unquestionably over-burdened with work and underpaid, with the result that they have to accumulate contracts and have to engage in private practice in order to make a decent living. There is also a temptation for municipal doctors to practise major surgery without being fully prepared for it, because a doctor in such a case can obtain an additional contract. While the offices of some doctors are fairly

well equipped, others undoubtedly lack the equipment required for the practice of scientific medicine. The following remedies are suggested:

1. In most cases, the rural municipality is too small a unit to organize an adequate medical service. The organization of rural health units should be encouraged, to comprise one or more municipalities and the towns and villages located therein.

2. The rural health unit should be served from the **Rural Health Centre**, a house containing the doctor's waiting room, office, a room for minor surgery, a delivery room, a small laboratory and approximately 8 to 10 maternity and general hospital beds. The Centre should be staffed by a registered nurse and one or more municipal doctors, their numbers to be determined by the area and population served. With better equipment provided in such a way, and with the assistance of a nurse, the rural physician's efficiency would be increased tremendously. Women could all be delivered at the Centre under the best possible conditions, and the doctor would be able to treat many patients on the spot without having to send them to the District Hospital.

The population must be educated to seek medical advice if possible at the Centre, so that the doctor will not have to spend a large part of his time driving around the country. The population must come to realize that the doctor can give infinitely better service at the Centre than in the homes, and if a patient requires special attention and treatment he will be hospitalized at the Centre without formalities.

3. The Provincial Government should set a minimum salary to be paid municipal doctors and the salary should be increased with years of service according to a scale to be established. The salary should represent net income. In other words, the Rural Health Centre, equipped with the basic equipment for medical practice, including a portable X-ray machine, and a small clinical laboratory, should be provided from public funds. The doctor, in addition, should receive a lump sum to cover his travelling expenses, the amount to be determined by the size of the area covered. Doctors should be granted annual vacations with pay, and, every few years, a leave of absence for post-graduate study. A superannuation fund should be set up for them.

4. While the principle should be maintained that local governments should contribute to the cost of health services, and should continue to have an important share in their administration, yet the Provincial Government will have to subsidize the services through grants, in order to secure minimum standards. The grants should not be uniform, but should vary according to the financial resources of the Rural Health Unit served.

Under such a system the member of a farm family who becomes sick will seek advice at the Rural Health Centre, or in special cases will be visited in his home by the municipal doctor. At the Rural Health Centre, he will receive examination and treatment and will be hospitalized if necessary. Patients requiring major surgery or specialized treatment would be referred to the nearest District Hospital. Rare cases presenting difficulties in diagnosis or requiring neurosurgery, chest surgery or similar highly specialized treatments, would be referred to the large centres such as can be found in Saskatoon, Regina, Moose Jaw, etc.

The municipal doctor will continue to be local Health Officer. He will continue to vaccinate and immunize children, to give school medical services, and will co-operate with the travelling clinics sent out from the District Health Centres.

HEALTH SERVICES COMMISSIONS

The rural health program must be carried out with the active participation of the population. Each Rural Health Unit should have its **Health Services Commission** consisting of representatives of the technical personnel, the teachers, and representatives of the rural municipalities, towns and villages involved. The Commission should meet at regular intervals to discuss the health problems of the Unit.

Representatives of the local Health Services Commissions and of the District Hospitals should constitute the **District Health Services Commission**, of which the District Health Officer would be chairman. This Commission would hold annual or semi-annual conventions, at which the health problems of the District would be discussed.

II. URBAN HEALTH SERVICES

The problem of providing health services to the inhabitants of the cities is less difficult and less urgent than the problem of rural health services. More hospitals and more medical personnel are available. The major problem is to bring complete medical services to all inhabitants of the cities, at a price they can afford. At present there are already medical service plans in existence, under which individuals and families can purchase medical care through periodic payments, such as the Mutual Medical and Hospital Benefit Associations, Medical Services Incorporated of Regina,

The Canadian National Railway Employees' Medical Aid Association, etc. All these plans have brought great benefits to the individuals involved, but they all reach only certain groups, and their benefits are not comprehensive enough.

At the moment, the most practical policy may be the gradual extension of public services so as to include maternity care and hospitalization, supplemented by a system of compulsory health insurance, the details of which would have to be worked out.

III. HOSPITALS

The bed capacity of the province in 1943 was 3,209, including Sanatoria and Red Cross outposts, but not including mental hospitals. In 1942, the bed capacity was 3,446. The decrease was due to the fact that several rural hospitals and Red Cross outposts were closed for lack of personnel. Even with a capacity of 3,500 general hospital beds, the province would be short at least 1,000 to 1,500 beds.

In view of the difficulties of transportation, particularly during the long winter, the policy should be not to crowd hospital patients into the large centres, but to treat them whenever possible in the periphery. The policy, therefore, should not be to build many new large hospitals in the cities, or to add considerable extensions to existing ones, but rather to erect a larger number of small hospitals in rural districts. 50 Rural Health Centres of 10 beds each would provide 500 additional hospital beds and relieve the larger hospitals of thousands of patients. A 500 bed University Hospital in Saskatoon that is needed for instruction, research and specialized services, would probably be a sufficient in-

crease so far as the two large cities are concerned. The policy should be to decongest the large hospitals, by removing chronic patients and convalescents to special institutions.

There is a great need for additional **Old Folks' Homes**. At present, old folks are taken care of in one government institution at Wolseley, in various charitable institutions such as St. Anthony's Home at Moose Jaw, in general hospitals, and sometimes in private homes, where they are looked after for the \$25.00 pension. It would be inadvisable to consider the construction of some large institution, since the old folks wish to die near the place where they lived, and where they have friends. It would be preferable to establish a larger number of small homes in various localities, which could be operated at little cost, and to pay a subsidy to institutions and individuals that attend to the aged.

The suggestion has been made, by various small hospitals, that considerable savings could be effected if the various health institutions of the Province could purchase

supplies through the Purchasing Board of the Provincial Government. The Government should also attempt to purchase equipment from the Armed Services as soon as it becomes available.

Free Hospitalization for the entire population should be the goal. Counting the per capita annual expenditure for hospitalization at \$3.80 according to the estimate given by Dr. J. J. Heagerty to the Special Committee on Social Security, the cost of hospitalization for the province would amount to about three million dollars.

The experience of New Zealand should

be given careful consideration. In New Zealand, hospitalization in a public hospital is free for the whole population. The Government pays to public hospitals 9s per patient day, and the deficit between that 9s and the cost of operating the hospital during the year is split into two. One half of this amount is borne by the Hospital district, the other half by the Government.

Free hospitalization and medical treatment for maternity cases might be considered as a first step, a service that would cost about one million dollars a year (\$30.00 for hospital costs and \$30.00 for prenatal care, delivery and post natal care.)

IV. SPECIAL HEALTH SERVICES

TUBERCULOSIS

The system of Tuberculosis control and treatment carried on by the Anti-Tuberculosis League in the Province is excellent, and its efficiency is demonstrated by the results obtained. The League is considering a plan for the improvement of the after-care of patients. An after-care home for the maximum benefit elderly patients who are infectious, and for the most part homeless and unable to return to their original community for care, with accommodation for approximately 40, is without any doubt very desirable.

MENTAL DISEASES

The mental diseases present a very serious and very acute problem. Both mental hospitals, the one in North Battleford and the one in Weyburn, are frightfully overcrowded. The most urgent needs seem to be the following:

1. An institution for mental defectives must be given first consideration. At present there are about 800 mental defectives at Weyburn, and it is bad to have them in the same institution as psychotic patients. A special institution, preferably in the form of a colony with facilities for classroom instruction, workshops, and a farm, is therefore highly advisable. It should be large enough to accommodate at least 1,500 individuals.

2. The removal of mental defectives from Weyburn would relieve that institution of some of its overcrowding, but the hospital in North Battleford is also overcrowded by 50 per cent and must be relieved. The establishment of a special institution for senile patients, who do not require treatment but custodial care, might be considered. This would relieve the two mental hospitals of about 400 patients.

3. Epileptics. According to Dr. L. H. McConnell there are over 5,000 epileptics in the province. A number of them can be improved or cured through surgical procedures. Others are so mentally deteriorated that they have to be confined to mental hospitals. The majority of them however,

is perfectly able to work, but has great difficulty in finding permanent employment. Consideration should therefore be given to the establishment of a colony farm with workshops, where such patients could work under medical supervision.

4. Sterilization. The sterilization of mental defectives should be given careful consideration. Much experience has been gained in this field during the last 50 years in America and Europe. One should not be deterred by the fact that Nazi Germany has practiced sterilization in a brutal and wholesale manner, but should study the results obtained in such countries as the Scandinavian countries, Switzerland, and some of the American States where sterilization has been practised humanely and cautiously with good results.

5. Mental hygiene services. In order to deal with the many cases of mental maladjustment, mental hygiene clinics should be established; in Regina, possibly in connection with the Psychopathic ward, and in Saskatoon in connection with the projected University Hospital. These two clinics would attend primarily to the population of the cities and to cases referred to them from outlying districts. In addition to these two clinics, it would be advisable to consider the establishment of travelling mental clinics in connection with the District Health Centres. These travelling clinics staffed with a psychiatrist and nurse would tour the districts and work in consultation with the municipal doctors and school teachers. Such a measure would in all probability decrease the need for hospitalization and would permit the treatment of milder cases in their homes.

6. Personnel. There is undoubtedly a great shortage of psychiatric personnel and, before effective mental hygiene services can be inaugurated, it will be necessary to secure personnel fully trained in modern methods of psychiatry and psychology.

7. Administration. The dual administration of mental hospitals by the Department of Public Works and the Department of Public Health has caused various difficulties, and, since mental hospitals are

primarily health institutions, it would seem preferable to place them under the sole responsibility of the Department of Public Health.

8. Since most mental patients are afflicted for many years, the cost of their treatment is an unbearable burden for most families, and all services given to mental patients should, therefore, be financed from public funds.

CANCER

The Cancer Control Act 1944 foresees that any person afflicted with or suspected of being afflicted with cancer shall be entitled to care and treatment at the expense of the Province. The intention of the Act undoubtedly is to encourage people, and to make it as easy as possible for them to seek the most expert medical advice and treatment at the slightest suspicion of cancer. The Act should therefore be interpreted as broadly as possible. The two Cancer clinics, in Regina and Saskatoon, have already rendered invaluable services, and the number of patients examined and treated has increased from year to year. In formulating policies for the future, the following points should be considered:

1. While at present, examination, radiological treatment and hospitalization are provided without charge, cancer patients still have to pay for the cost of operations. This is undoubtedly against the intention of the Act and the cost of operations should be defrayed by the Province.

2. Travelling expenses of patients referred to one of the clinics by a physician may weigh heavily on the budget of individuals living at great distances. The compensation of travelling expenses, from provincial funds may therefore be considered.

3. While it is true that a large percentage of all patients examined by the clinics is found to be suffering from other diseases than cancer, yet it would not be sound to make a charge in the case of negative diagnosis. This would act as a deterrent. Accurate diagnosis in all cases where the suspicion of cancer prevails, represents an available public service. The increasing load of work put upon the clinics must be met with an increasing number of personnel.

4. At present both clinics are too small for the tasks they have to fulfill, but the clinic in Regina is infinitely better equipped than that in Saskatoon. The first step therefore should be to place the clinic at Saskatoon on at least the same level of efficiency as the Regina clinic, and to appoint the physicians of the clinic on a full-time basis. The future development should envisage the incorporation of the Saskatoon clinic into the University Hospital, and the development of a cancer hospital in Regina.

5. It is hardly necessary to emphasize that the diagnosis and treatment of cancer is a highly developed specialty and that only men who are fully trained in the field

of oncology should be appointed to the clinics. Since there will be a demand for more specialists in cancer work in the very near future, steps should be taken for the selection and training of young medical graduates in all aspects of the field.

VENEREAL DISEASES

The goal must be the complete eradication of these diseases in the near future. This has already been achieved in a number of European countries and there is no reason why it should not be possible in this province, where there are only a few large cities. The following measures might be considered in addition to the already existing ones:

1. Provision of medical treatment at the expense of the Province for all individuals suffering from venereal diseases without a means-test.

2. Establishment of a separate Division of Venereal Disease Control in the provincial Department of Public Health, to work in close co-operation with the armed forces.

3. Appointment of additional personnel for the tracing of contacts. Once health departments will be established in every Health District the tracing of contacts will be greatly facilitated.

4. Intensified educational measures, although the people who are most likely to spread Venereal Disease are the most difficult to reach through education (transients, etc.)

DENTISTRY

Dental conditions are appalling in this province. A large percentage of the population has no dental care whatsoever, and the overwhelming majority of the people has not sufficient dental care. It is no exaggeration to say that dentistry in its present organization has failed to serve the population, whatever the causes may be. Before the war, in 1938, the province had 210 dentists or 1 per 4,481 population. In 1943 the province had 147 dentists or 1 per 6,095 population. In other words, even if all dentists of the province who are in the armed forces should resume their former practice, the population would still not be served, particularly since most dentists practise in the large cities.

Since the traditional system has failed, and since dental care is an essential service in the maintenance of the people's health and prevention of disease, the Government must assume responsibility for the provision of dental care, and the following steps should be considered:

1. Provision of dental care to school children to the age of 16.

- (a) In urban centres: establishment of school dental clinics with full time salaried dentists giving free dental care to school children.

- (b) In rural districts: travelling dental clinics sent out from the District Health

Centres to give free dental care to school children in the Rural Health Centres.

2. A later step that might be considered would be the appointment of full-time salaried dentists on the staffs of District Hospitals, giving dental care to the patients served by the hospital.

In view of the tremendous shortage of dentists the development could only be a gradual one.

REHABILITATION

While the Armed Forces, under the pressure of the war, have developed far-reaching programs of rehabilitation for disabled men, there are practically no institutions in the Province available for the rehabilitation and re-integration into society of civilians disabled by illness. No medical program is complete that does not foresee ways and means of rehabilitating and re-educating former patients. Grants should be made available to the victims of accidents and diseases, that would enable them to acquire the vocational training best suited to their condition, either in already existing educational institutions, or in special institutions that may become avail-

able from the Armed Forces. A very good program has recently been developed by the United States Public Health Services, information about which could be obtained from Washington.

INDIANS

The Indians, about 13,700 scattered throughout the Province, constitute a reservoir of disease. In 1941, close to $\frac{1}{4}$ of all deaths of Indians, 174 out of 408, were due to infectious and parasitic diseases. The tuberculosis death rate of Indians was 592 per 100,000 population, compared with 21 among the white population, in 1943. Ill health of the Indians is a menace to the health of the white population, since the two races mix freely. The Indians would, in all probability, receive more medical attention if they could be included into the provincial system of rural health services. An agreement might be reached with the Dominion Government, under which the Province would assume responsibility for the health services of the Indians, and would be compensated for it by the Dominion Government. A similar agreement has already been made in the field of tuberculosis control.

V. PUBLIC HEALTH SERVICES

The Public Health Services of the Province are highly developed and are carried on very efficiently. Their efficiency will be increased still further by the establishment of Health Districts with full-time Medical Officers of Health. A number of points concerning Public Health Services have already been mentioned in this report, and a few additional recommendations follow:

SANITATION

Much remains to be done in the field of sanitation. There are many bylaws on paper which cannot be enforced for lack of personnel. The part-time Health Officer in the smaller cities and towns, is greatly handicapped by the fact that he is a general practitioner, who cannot afford to antagonize his actual or potential patients. The appointment of full-time health officers in the various Health Districts will improve the situation immediately, and will permit greater attention to the inspection of restaurants, food markets, etc.

Conditions of water supply and sewage disposal are very bad in many communities and on the farms. An incentive to improve them might be given in the following ways:

1. If a town considers the possibility of constructing a water supply or sewage system, it should not have to take recourse to private contractors to have a survey and estimate made, but should have this service provided free of charge by the engineers of the Department of Public Health.

2. The Department of Public Health should have model plans available for supplying an individual farm with water and for the disposal of sewage and refuse. Such plans with an estimate of cost should be brought to the attention of the farmers and in good years they might well be inclined to improve the sanitary conditions of their farm homes in such a way.

HEALTH EDUCATION

All over the province, there is a crying demand for health education. This is a very encouraging sign because it shows that the population is fully aware of the significance of health, and is receptive for instruction and advice.

Health education obviously begins in the school, and to that end it may be necessary to revise the curriculum of the Normal schools. The idea is not to make health officers of the school teachers, but to draw their attention to physical and mental disease conditions that may develop in children, and to teach them how to develop sound health habits in their students. Through the children, the teacher may be able to educate the parents, and the teacher is the most powerful ally of the physician and nurse, in that he can draw their attention to certain children.

In promoting health through education, all civic organizations such as the Homemakers clubs and the voluntary health organizations etc. must be mobilized permanently. The health authorities will work in close co-operation with the organs of the

physical fitness and recreation program and similar organizations.

It was found that the population is frequently not informed about health legislation enacted for its benefit and, since the language of such Acts is not always easy to understand, the content of important health legislation should be brought to the people in pamphlets written in a popular style. This has been done very successfully in the United States.

The establishment of a Division of Health Education in the Department of Public Health is a very promising step, the importance of which cannot be overestimated.

INDUSTRIAL HYGIENE

The establishment of a Division of Industrial Hygiene in the Department of Public Health should be considered. It is a well known fact that industrial hygiene is more readily neglected in small plants than in large ones and, with increasing industrialization of the province, the need for measures of industrial hygiene will be increasingly felt.

NUTRITION

The provision of free hot noon lunches to all school children of the Province would be a most important measure to improve the nutritional standard of the population, and would, at the same time be an important measure of health education.

VI. PERSONNEL

There can be no doubt that in the future more and more medical personnel will be employed on a salaried basis. At the present time already, some of the finest medical work is performed in the Province by salaried doctors, as in the fields of public health, tuberculosis, mental diseases, cancer control. Salaries paid at present are as a rule too low, and the salary scale should be revised carefully, if such positions are to attract the best type of best trained physicians. The following principles should be observed:

1. Salaries should be adequate and commensurate with the long period of time spent by the physician in his training.

2. Salaries should be graded according to experience and responsibility. After having given good service for a large number of years, the physician should have a higher income than he had as a beginner.

3. Salaried physicians should be granted annual vacations, and, every few years, a leave of absence for post-graduate study, with full salary.

4. A system of superannuation should be established for all salaried physicians.

PHYSICIANS

The number of physicians practising in the Province is far too small to give adequate medical care to the entire population. In 1943, only 408 active physicians, including those who were not actually engaged in practice, were available for a population of about 896,000 or 1 to every 2,196. The distribution was very uneven. While the 8 cities had one doctor per 846 population, the rural districts had only one per 3,315. The war has obviously depleted the ranks, but on the other hand it must be remembered that many physicians practising now are over age, and would not be in practice if it were not for the war. Of those in practice to-day, 45 per cent are 55 years old or over, so that, after the war, the number of doctors available will still be too small.

The conditions of practice in the province have so far not been such that they would have attracted a large number of doctors from other provinces. The medical school of the University of Saskatchewan gives pre-clinical instruction to 24 students a year, who must complete their studies in other universities of the Dominion. Experience has shown that only 26% of these few students ever return to the province, and that the best students of the group remain in other provinces, where attractive positions are offered to them.

The only remedies to increase the number of physicians in the Province are to make conditions of practice more attractive, and to develop the medical school of the University into a complete grade A Medical School. The creation of such a school would provide an ideal opportunity to set a new pattern for medical education, to train the physician not of yesterday but of tomorrow, the type of physician that the province will need for its social medical service. While the number of students admitted every year might have to be limited in accordance with the facilities available for instruction, there should be no discrimination as to race, sex or economic status. The province must provide a sufficiently large number of scholarships that will permit qualified students who have no means of their own to study medicine. In exchange, the province may well require that such students spend a certain number of years in rural practice.

The Medical School will need a University Hospital of at least 500 public beds for scientific teaching, clinical instruction and research. The hospital, besides serving the needs of the university, would become the most important medical centre of the province. It would include the already existing cancer clinic and polio clinic. It could include a much needed psychiatric clinic, orthopaedic clinic, clinic for the treatment of rheumatic fever, and possibly other specialized clinics.

The University Medical School and Hos-

pital would raise the standard of medicine throughout the province. It would become the logical centre for medical research at large, and for research in the problems peculiar to the Province. It could serve as a centre for post-graduate training, and could send out specialists to the various Health Districts as consultants.

The University of Saskatchewan estimates that the cost of building and equipping a University Hospital and Medical School would amount to two million dollars and that the cost of operating the Medical School might be one hundred and fifty thousand dollars.

DENTISTS

As was mentioned before, the province has a crying need for a larger number of dentists. A first step to remedy the situation might be the provision of conditional grants that would enable students to study dentistry in one of the five dental schools in the country, on the condition that after graduation they would serve for a set number of years in some of the dental services of the province. Should a student fail to do this he would have to refund the grant.

If such a measure would fail to increase the number of dentists sufficiently, the creation of a School of Dentistry at the University would have to be considered.

On the whole, it is to be expected that the establishment of a certain number of adequately remunerated dental positions in the health services of the province would attract dental graduates from other provinces.

NURSES

The National registration of nurses carried out in March 1943, revealed that Saskatchewan possesses 2,901 nurses, of whom however only 999 were actually engaged in nursing, or 1 per 987 population, which is a rate of 1.23 nurses per 1,000. It is estimated that at least two nurses are required for every 1,000 population, so that there is an undeniable shortage in the province. Since only 138 nurses from Saskatchewan are in the armed forces, and not all of them will return to the province, the situation after the war will hardly show any improvement.

The weakness of the nursing system is that, after 3 years of training and several years of practice, most nurses marry, and their services are lost to the community. While the married nurses represent a reserve that may be called upon in years of emergency, there is no doubt that the system requires a steady stream of student nurses to fill the ranks, and if possible to increase them.

The following points might be considered to relieve the situation:

1. Improvement of working and living conditions of nurses, with the provision of

superannuation. The Provincial Government, in consultation with the Saskatchewan Registered Nurses' Association, should establish minimum requirements as to salaries, working hours, living quarters, etc. of nurses employed in hospitals, and should refuse to pay grants to hospitals that do not meet these requirements. Nurses and all other hospital employees should have the benefits of Workmen's Compensation.

2. Provision of scholarships and bursaries to enable graduate nurses to take post-graduate work that will prepare them for administration, teaching, and supervision in the public health field and hospitals.

3. Financial assistance for the establishment of a central nurses' placement bureau. Such a bureau would undoubtedly be a great help particularly to small hospitals, for which it is often difficult to find nurses.

4. At present eleven hospitals have approved schools of nursing in the province, and thus can avail themselves of the services of student nurses. With suitable supervision, it should be possible to arrange for student nurses to receive part of their experience in small hospitals, which now cannot offer facilities that justify the establishment of a school. Service in a small rural hospital would be a valuable experience to the nurse.

5. The shortage of nurses in rural hospitals, sanatoria and mental hospitals could also be partly remedied by the employment of practical nurses or nurses' aides who would assist nurses in their work. Standards should be set for the training and registration of such subsidiary nursing personnel.

6. Nurse-Midwives. While it is desirable to have women delivered by physicians, if possible in a maternity home, there are still numerous sections of the province that have no physician at all, and that, particularly during the winter, are completely cut off from hospitals. In such regions, a nurse-midwife, that is a nurse trained in midwifery, could render invaluable services, without encroaching upon the field of the physician. A course would have to be devised for which the system practised in Alberta, England and other countries, would have to be consulted.

MEDICAL SOCIAL WORKERS

Consideration should be given to the training of medical social workers who would be attached to the larger hospitals and to the District Health Centres. The experience of the United States and other countries has shown the great value of such work in following up discharged hospital and sanatoria patients, investigating home environment, and similar tasks. The psychiatric services are particularly in need of such social workers, who would also relieve the shortage of public health nurses. A course for the training of medical social workers could be developed at the University.

LABORATORY TECHNICIANS

The 3 year course offered by the University for the training of laboratory technicians, supplemented by a one year apprenticeship in an approved laboratory, is excellent and cannot be improved. There is a shortage of personnel at the moment but this is largely due to the war and it is to be expected that more students will enrol after the war.

PHYSIOTHERAPISTS

At present there are no regulations concerning the practice of physiotherapy so that the public has no means of ascertaining who is a qualified masseur or general physiotherapist. An Association of Physiotherapists was organized on September 30, 1944, and it would be advisable, in consultation with them and the Canadian Association of Physiotherapy, to set standards and require a license for the practice of physiotherapy.

VII. RECOMMENDATIONS FOR IMMEDIATE ACTION

1. Establishment of a Saskatchewan Health Services Planning Commission whose immediate tasks would be the following:

(a) To determine the cost of the various services recommended.

(b) To outline the boundaries of the Health Districts in consultation with other departments of the Government.

(c) To work out in detail the needs of one or two sample districts, to determine the services required to satisfy these needs, and their cost.

(d) To make an inventory of those municipalities and L.I.D.'s which at present have no medical service whatsoever and to determine what action has to be taken to relieve them without delay.

(e) To study a scheme of compulsory health insurance for the population of the 8 cities.

(f) To assist the government in planning whatever services are being considered at the moment.

2. To select, as soon as feasible, qualified young medical graduates for post graduate study, notably in the fields of public health, psychiatry and cancer control.

3. To select qualified registered nurses for post-graduate training in midwifery.

4. To build a home for mental defectives in order to relieve the untenable situation of the two mental hospitals.

5. To lay plans for the extension of the Medical School and for the construction of a University Hospital.

6. To lay plans for hospitalization and prenatal care, delivery and postnatal care of all maternity cases, from public funds, as a first step toward a system of complete free hospitalization.

7. To provide for complete medical services to old age pensioners, widows and orphans, and to patients suffering from mental diseases and venereal diseases, from public funds.

8. To establish, as soon as feasible, dental school clinics in the cities and travelling dental clinics in the rural districts, providing dental care to school children to the age of sixteen, from public funds.

The Commissioner wishes to express his deeply felt appreciation to all the members of the Commission, and particularly to its secretary, Dr. Mindel C. Sheps, for their splendid co-operation. He also wishes to express his gratitude to the Deputy Minister of Public Health, the members of his staff, and the members of many other departments of the Government for the valuable assistance they have given him at all times.

Respectfully submitted,

"HENRY E. SIGERIST"

Commissioner, Sask. Health Services
Survey Commission.

Regina, Sask.,
Oct. 4, 1944.

LIST OF BRIEFS SUBMITTED TO HEALTH SERVICES SURVEY COMMISSION

Department of Health and Health Organizations:

- 1 Department of Public Health and its divisions.
- 2 Cancer Commission.
- 3 Saskatchewan Anti-Tuberculosis League.
- 4 Dr. Geo. Walton, D.P.H., M.H.O., Regina.
- 5 Drs. Moore and Riddell.
- 6 Canadian Federation of the Blind.
- 7 Canadian National Institute for the Blind.
- 8 Victorian Order of Nurses.
- 9 Children's Aid Society of Prince Albert.

- 37 College of Physicians and Surgeons, Addendum.
- 38 Christian Science Committee on Publications.
- 39 Regina and District Medical Society.
- 40 Saskatchewan Association of Chiropractists.
- 41 Saskatchewan Registered Physical Therapists' Assoc.
- 42 Saskatchewan Optometric Assoc.
- 43 Saskatchewan Pharmaceutical Assoc.
- 44 Saskatchewan Registered Nurses' Association.
- 45 Saskatchewan Society of Osteopathic Physicians.
- 46 Swift Current and District Medical Society (oral).

Municipalities—Urban and Rural:

- 10 Saskatchewan Association of Rural Municipalities.
- 11 R.M. of Big Quill, No. 308.
- 12 R.M. of Chaplin, No. 164.
- 13 R.M. of Connaught, No. 457.
- 14 Village of Cupar.
- 15 Town of Eastend and District.
- 16 Foam Lake—Board of Trade.
- 17 R.M. of Longlaketon, No. 219.
- 18 Village of Lucky Lake.
- 19 Lumsden Health Unit.
- 20 Meadow Lake.
- 21 R.M. of McKillop, No. 220.
- 22 M. S. Anderson, Reeve, R.M. of McKillop.
- 23 Naicam District Health Services Survey.
- 24 R.M. of Pittville, No. 169.
- 25 R.M. of Porcupine, No. 395.
- 26 R.M. of Sasman, No. 336.
- 27 Shell Lake District.
- 28 R.M. of Snipe Lake, No. 259.
- 29 Tisdale—Board of Trade.
- 30 R.M. of Tisdale, No. 427.
- 31 West Plains.
- 32 Weyburn District Rural Municipal Association.
- 33 Yorkton Brief to Kronkite Committee.
- 34 Reeves and Councillors of a number of municipalities and villages (oral).

Hospital Boards:

- 47 Saskatchewan Hospital Association.
- 48 Catholic Hospital Conference of Saskatchewan.
- 49 Canwood Nursing Home.
- 50 Eston Union Hospital.
- 51 Foam Lake Hospital Board.
- 52 Kindersley Modern Hospital Organization Committee.
- 53 Maple Creek General Hospital.
- 54 Meadow Lake Hospital Association.
- 55 Moose Jaw General Hospital.
- 56 Wadena Union Hospital (financial statement).
- 57 St. Anthony's Home, Moose Jaw.

Trade Unions:

- 58 Joint Legislative Committee of the 6th Railway Transportation Brotherhood, Moose Jaw.
- 59 Local Unions of the Canadian Brotherhood of Railway Employees and other transport workers.
- 60 Moose Jaw and District Labour Council.
- 61 Regina Labour Council of the Canadian Congress of Labour.
- 62 Regina Trades and Labour Council.
- 63 Saskatoon City Hospital Employees' Union No. 39.
- 64 Saskatoon Trades and Labour Council.

Professional Groups:

- 35 College of Dental Surgeons (brief to Reconstruction Council of Sask.).
- 36 College of Physicians and Surgeons.

Agricultural Organizations:

- 65 United Farmers of Canada.
- 66 Saskatchewan Federation of Agriculture.

Citizens' Organizations:

- 67 Eston Homemakers' Club.
- 68 Saskatchewan Homemakers' Clubs.
- 69 The Canadian Daughters' League.
- 70 Provincial Council of Women.

Voluntary Plans:

- 71 Medical Services Incorporated and Exhibit.
- 72 Melfort and District Mutual Medical Benefit Association Ltd.
with the Melfort Medical Co-op.
Brief on Health Services (given by
Saskatoon Medical Co-op.)
- 74 Prince Albert Mutual Medical Benefit Association Ltd.
- 75 The State Hospital and Medical League of the Province of Sask.
- 76 Canadian National Railway Employees' Medical Aid Society.
- 77 Regina Mutual Medical Benefit Association Ltd.

Professional Individuals:

- 78 Dr. T. H. Argue, Fillmore, Sask.
- 79 Dr. Lillian A. Chase
(Diabetes Mellitus).
- 80 Dr. F. L. Eid, Macklin, Sask.
- 81 Dr. L. H. McConnell, Saskatoon.
- 82 Dr. A. S. Sinclair, Regina, Sask.
- 83 Dr. Weil, Saskatoon.

Miscellaneous Organizations and Individuals:

- 84 School of Medical Sciences (University of Saskatchewan, Saskatoon).
- 85 R. Hjertaas and O. Hjertaas, of Wauchope, Sask.
- 86 P. B. Wright, M.P.
- 87 Saskatoon Constituency Association, C.C.F.
- 88 Saskatchewan Old Age Pensioners' Association.

